

# APPLICATION FOR SURROGATE PARENT

The District shall ensure that the rights of a student are protected when: no parent can be identified; the District, after reasonable efforts, cannot locate a parent; the child is a ward of the State under the laws of Idaho; or the child is an unaccompanied homeless youth. The duties of District include the assignment of an individual to act as a surrogate for the parents. This shall include a method for determining whether a student needs a surrogate parent and for assigning a surrogate parent to the student. The District shall ensure that a person selected as a surrogate parent is not an employee of the State Department of Education, the District or any other agency that is involved in the education or care of the student; has no personal or professional interest that conflicts with the interest of the student the surrogate parent represents; and has knowledge and skills that ensure adequate representation of the student. A person otherwise qualified to be a surrogate parent is not an employee of the District solely because he or she is paid by the District to serve as a surrogate parent.

Please return this form to the District office at: \_\_\_\_\_

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_ City and Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you have children in your care who are foster children or children with disabilities? .....[ ☐ Yes [ ☐ No

If yes, please describe:

Are you conversant in any languages other than English? .....[ ☐ Yes [ ☐ No

If yes, what languages other than English?

Are you able to attend meetings during the school or work day? .....[ ☐ Yes [ ☐ No

Do you have sufficient time to devote as a surrogate parent? .....[ ☐ Yes [ ☐ No

Are you willing to serve as a surrogate parent for at least one full academic year? .....[ ☐ Yes [ ☐ No

Please list your experiences with children or you such as parenting, organizations, etc.

Please list your previous training or experience with special education processes.

Please list your previous experiences as a surrogate parent.

Please list any preferences or exceptions regarding the student's school location or disability.

Please list three references we may contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## For District Use Only

Documentation of reference checks: \_\_\_\_\_

Date trained as a surrogate parent: \_\_\_\_\_

Appointment History	Student	School	Date Appointed	Date Terminated